

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
RECEIVED
OCT 06 2016

ENTERED

Permit #:	160373
Date:	10-17-16
Amount Paid:	\$75 10616
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Scott Nielcen</u>	Mailing Address: <u>7785 Franklin St</u> City/State/Zip: <u>Iron River, WI 54847</u>	Telephone: <u>715-372-6061</u>
Address of Property: <u>7785 Franklin St.</u>	City/State/Zip: <u>Iron River, WI 54847</u>	Cell Phone: <u>715-292-1912</u>
Contractor: _____	Contractor Phone: _____	Plumber: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____
PROJECT LOCATION <u>NE 1/4, SE 1/4</u>	Legal Description: (Use Tax Statement) <u>04-034-2-247-08-07-400-247-2000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>268</u> Pages <u>588</u>
Section <u>07</u> , Township <u>47</u> N, Range <u>08</u> W	Town of: <u>Iron River</u>	Subdivision: <u>Ref. 1st Addition</u>
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: _____ feet
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: _____ feet
		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<u>\$5,000.00</u>	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City (New) <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>52'</u>	Width: <u>24'</u>	Height: <u>12'</u>
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u> </u> X <u> </u>)	
<input type="checkbox"/> with Loft		(<u> </u> X <u> </u>)	
<input type="checkbox"/> with a Porch		(<u> </u> X <u> </u>)	
<input type="checkbox"/> with (2 nd) Porch		(<u> </u> X <u> </u>)	
<input type="checkbox"/> with a Deck		(<u> </u> X <u> </u>)	
<input type="checkbox"/> with (2 nd) Deck		(<u> </u> X <u> </u>)	
<input type="checkbox"/> with Attached Garage		(<u> </u> X <u> </u>)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(<u> </u> X <u> </u>)	
<input type="checkbox"/> Mobile Home (manufactured date) _____		(<u> </u> X <u> </u>)	
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Backeeway between house & garage</u>		(<u>12'</u> X <u>12'</u>)	<u>144 sq ft</u>
<input type="checkbox"/> Accessory Building (specify) _____		(<u> </u> X <u> </u>)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		(<u> </u> X <u> </u>)	
<input type="checkbox"/> Special Use: (explain) _____		(<u> </u> X <u> </u>)	
<input type="checkbox"/> Conditional Use: (explain) _____		(<u> </u> X <u> </u>)	
<input type="checkbox"/> Other: (explain) _____		(<u> </u> X <u> </u>)	

Secretary Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Scott Nielcen Date 10/5/16

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 7785 Franklin St. Iron River, WI 54847 Attach Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

	Proposed Construction
(1) Show location of:	North (N) on Plot Plan
(2) Show / Indicate:	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show location of (*):	All Existing Structures on your Property
(4) Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show:	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):	(*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):	



Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

© October 2013

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Rec'd (Received)
SEP 3 02016
Bayfield Co. Zoning Dept.



Permit #:	16-0398
Date:	10-01-16
Amount Paid:	\$1359.30-16
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>THE LAKES COMMUNITY HC</u>	Mailing Address: <u>7665 US Hwy 2</u>	City/State/Zip: <u>11201 DIVER, WI, 54847</u>	Telephone: <u>715 372-5001</u>
Address of Property: <u>7665 US Hwy 2</u>	City/State/Zip: <u>11201 DIVER, WI, 54847</u>	Cell Phone: <u>715 292-3172</u>	
Contractor: <u>Michael Construction System</u>	Contractor Phone: <u>715 372-6416</u>	Plumber: <u>BROWN HARTMAN & CO. INC.</u>	Plumber Phone: <u>715 292-0029</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Jason Axel</u>	Agent Phone: <u>715 292-3432</u>	Agent Mailing Address (include City/State/Zip): <u>7665 US Hwy 2, 11201 Diver, WI</u>	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION <u>1/4, SE 1/4</u>	Legal Description: (Use Tax Statement) <u>04-04-024-2-47-08-074</u>	PIN: (23 digits) <u>00-198-03900</u>	Recorded Document: (i.e. Property Ownership) Volume <u>1017</u> Page(s) <u>98</u>
Section <u>07</u> , Township <u>27</u> N, Range <u>08</u> W	Town of: <u>11201 DIVER</u>	Subdivision: <u>2016 PLOT OF 11201 DIVER</u>	Lot Size <u>0.224</u> Acreage
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: _____ feet	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<u>\$540000</u>	<input type="checkbox"/> New Construction <input type="checkbox"/> 1-Story <input type="checkbox"/> Seasonal <input type="checkbox"/> 1 <input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> Addition/Alteration <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 2 <input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Conversion <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> 3 <input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Basement <input type="checkbox"/> 3 <input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	<input type="checkbox"/> Run a Business on Property <input type="checkbox"/> No Basement <input checked="" type="checkbox"/> None <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (If permit being applied for is relevant to it)	Length: <u>90</u>	Width: <u>66.3</u>	Height: <u>31</u>
Proposed Construction:	Length: <u>72-69</u>	Width: <u>34-44</u>	Height: <u>31</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
<input type="checkbox"/>	with Loft	() X ()	
<input type="checkbox"/>	with a Porch	() X ()	
<input type="checkbox"/>	with (2 nd) Deck	() X ()	
<input type="checkbox"/>	with (2 nd) Deck	() X ()	
<input checked="" type="checkbox"/> Commercial Use	with Attached Garage	() X ()	
<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	
<input type="checkbox"/>	Mobile Home (manufactured date)	() X ()	
<input checked="" type="checkbox"/> Addition/Alteration (specify)	<u>Civilian expansion</u>	() X ()	
<input type="checkbox"/>	Accessory Building (specify)	() X ()	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	() X ()	
<input type="checkbox"/>	Special Use: (explain)	() X ()	
<input type="checkbox"/>	Conditional Use: (explain)	() X ()	
<input type="checkbox"/>	Other: (explain)	() X ()	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jason Axel Date 9-30-16
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit _____

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement
Attach
If you recently purchased the property send your Recorded Deed

ARCHITECTURE

2150 CULAS ROAD
DULUTH, MINNESOTA 55804

OFFICE: (218) 525-4326
MOBILE: (218) 391-7334

E-MAIL: gps.foundations@gmail.com



✓ 25K: 75
3/100

THE

Permit #:	16-0380
Date:	10-21-16
Amount Paid:	\$175 10-7-16
Refund:	

Date Stamp (Received)

7
2016

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → ☐ LAND USE ☐ SANITARY

TYPE OF PERMIT REQUESTED →										<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER	
Owner's Name:		James Heather Butbul						Mailing Address:		7518 Spider Lake Rd.		City/State/Zip:		Iron River, WI 54847		Telephone: 715-372-4384	
Address of Property:		7518 Spider Lake Rd.						City/State/Zip:		Iron River, WI 54847						Cell Phone:	
Contractor:		KV Tech						Contractor Phone:		715-705-4483		Plumber:				Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Donald Dymesich						Agent Phone:		715-413-0112		Agent Mailing Address (include City/State/Zip):		23520 Fox Church Rd. Watson, WI 54856		Written Authorization <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)						PIN: (23 digits) 04-084-2-47-08-19-1 05-002-0400		Recorded Document: (I.e. Property Ownership) Volume 15 Page(s) 106							
_____ 1/4, _____ 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision:		Acreage	
		2		14		809		15 106								2.610	
Section 19, Township 47N N. Range 08 W				Town of:		IRON RIVER											

<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue →	Distance Structure is from Shoreline : _____ feet + 8 +	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$17,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/ service contract)	
	<input type="checkbox"/> Foundation				<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 42	Width: 22	Height: 18
Proposed Construction:	Length: 20	Width: 10	Height: 10'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use OCT 21 2016 <input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>Entry / Exercise Room</u>	(20 X 10)	200
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) and (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) and (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owners): _____

Date _____

(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Sign Here

Draw or sketch your property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	200 Feet	Setback from the Lake (ordinary high-water mark)	100 81 Feet
Setback from the Established Right-of-Way	175 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	70 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	93 Feet	Setback from Wetland	80 Feet
Setback from the West Lot Line	175 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	52 Feet	Setback to Well	30 Feet
Setback to Drain Field	62 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

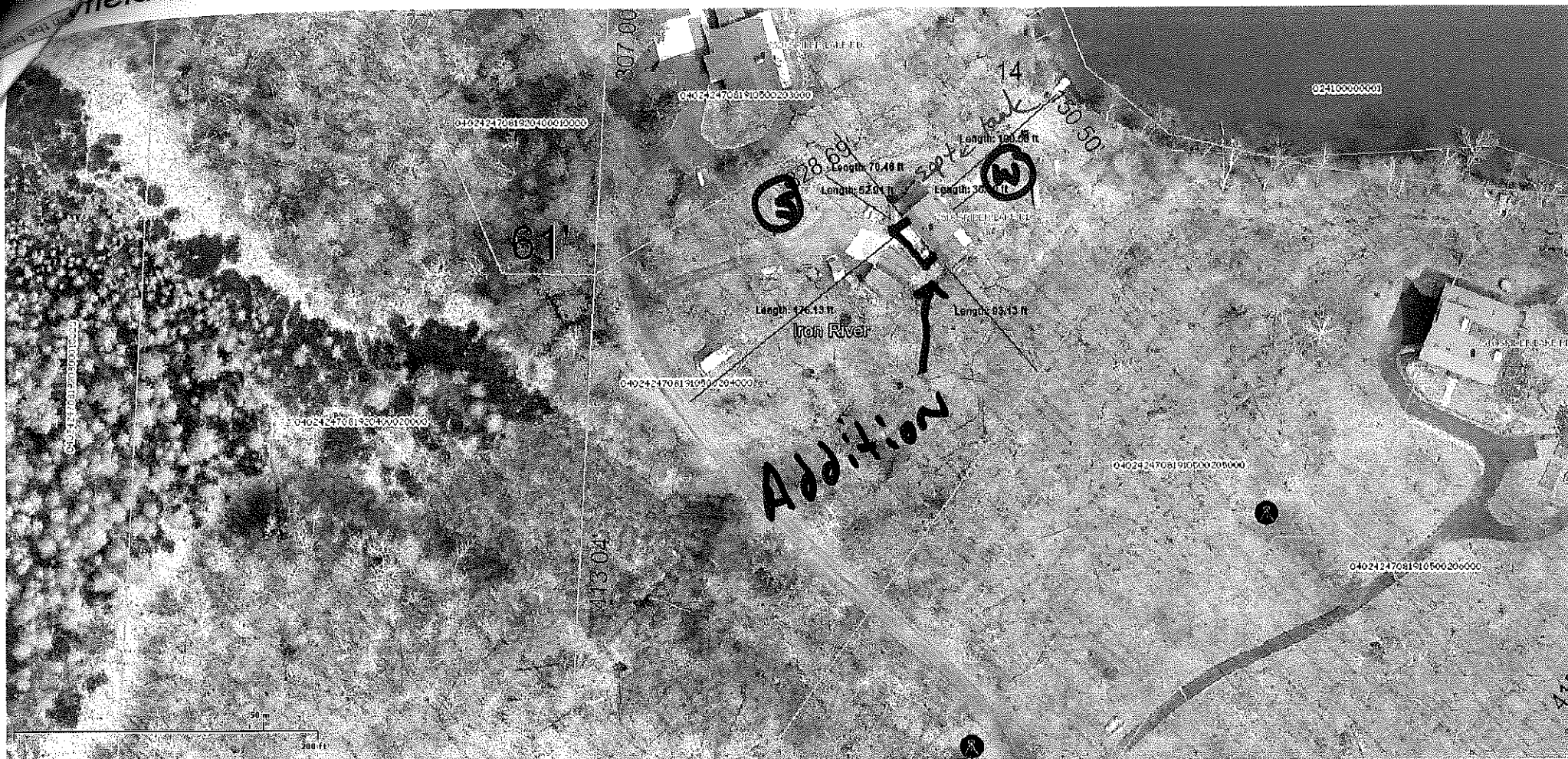
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 404347	# of bedrooms: 4	Sanitary Date: 2003	
Permit Denied (Date):		Reason for Denial:			
Permit #: 16-0380	Permit Date: 10-01-16	See attached worksheet			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: not adding a bedroom just adding area. posts on just adding area. posts on		Owner present to represent project.			
Date of inspection: 10-19-16	Inspected by: J. COOPER, ALPHATY	Zoning District (R-1)	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (if No they need to be attached.)					
Signature of Inspector: [Signature]		Date of Approval: 10-24-16			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMITS
BAYFIELD COUNTY, WISCONSIN
Date submitted: 09/05/2016
Bayfield Co. Zoning Dept.

Permit #: 16-0381
Date: 10-21-16
Amount Paid: \$90 105-16
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

194 ID 36925

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Scott & Sandra Anderson		Mailing Address:		City/State/Zip:		Telephone:
Address of Property:		65480 G Hwy A		450 Bear Ave S		Vedgman's Heights, MN		Cell Phone: (651) 207-7044
Contractor:		Nate Johnson		Contractor Phone:		817-1350		Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Nate Johnson		Agent Phone:		817-2034		Plumber: None
Agent Mailing Address (include City/State/Zip)		6173 Iron Lakes Rd, Iron River WI		Agent Mailing Address (include City/State/Zip)		6173 Iron Lakes Rd, Iron River WI		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		04-024-2-47-08-30-301-000-33000		Recorded Document: (i.e. Property Ownership) Volume 807 Page(s) 774
Gov't Lot		Lot(s)		CSM		Vol & Page		Lot Size
Town of: Iron River		Section 30		Township 47		N. Range 8		Acres 31.627

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$30,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: <u>Mound</u>	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft		<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>Mound</u>	
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story			<input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input checked="" type="checkbox"/> Compost Toilet	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 42	Width: 36	Height: 12
Proposed Construction:	Length: 42	Width: 36	Height: 12

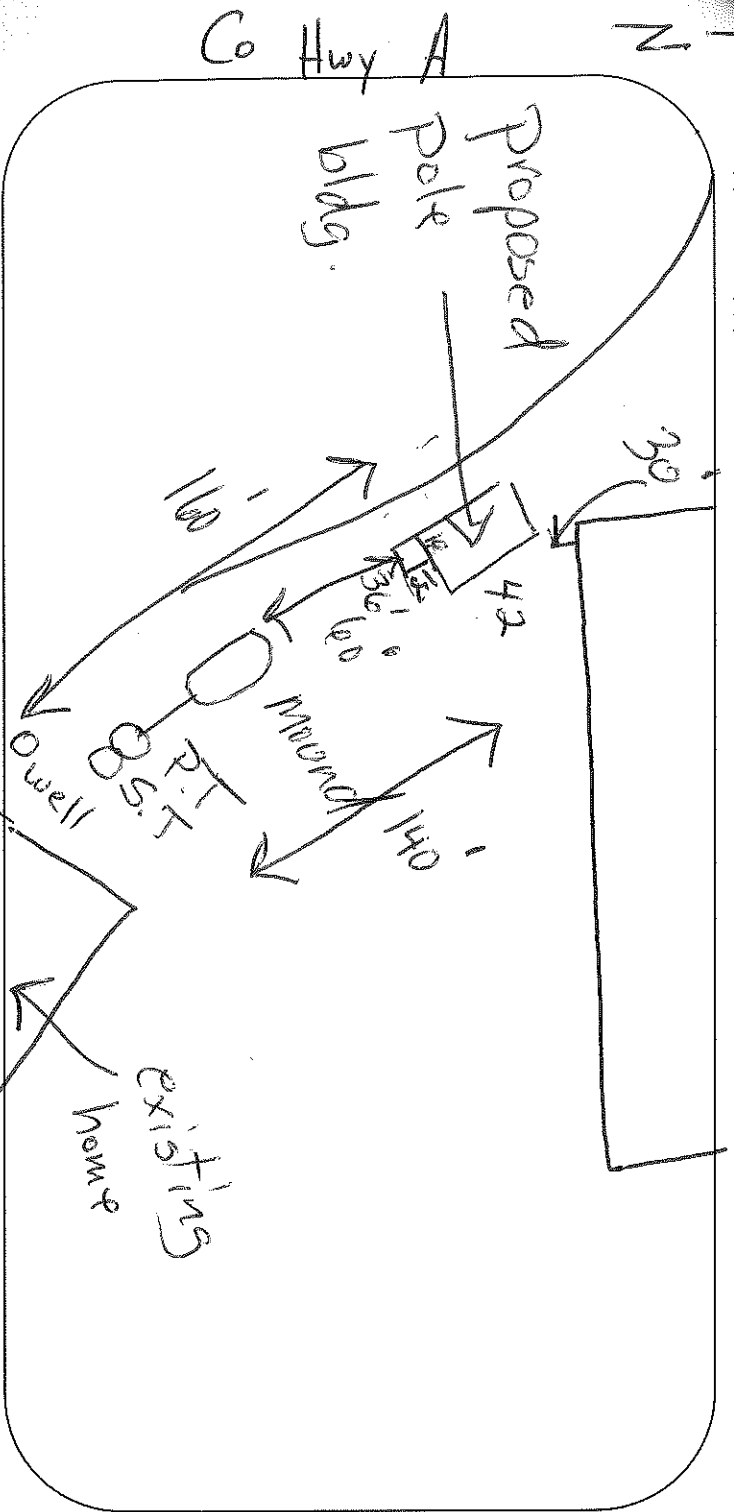
Proposed Use	Principal Structure (first structure on property)	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)		()	
<input checked="" type="checkbox"/> Residential Use	with Loft		()	
	with a Porch		()	
	with (2 nd) Porch		()	
	with a Deck		()	
	with (2 nd) Deck		()	
<input type="checkbox"/> Commercial Use	with Attached Garage		()	
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities		()	
	Mobile Home (manufactured date)		()	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)		()	
	Accessory Building (specify)		()	
	Accessory Building Addition/Alteration (specify)		(42 x 36)	1472
	Special Use: (explain)		()	
	Conditional Use: (explain)		()	
	Other: (explain)		()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: 9-27-16
(If there are Multiple Owners, all owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Mike Johnson Date: 9-27-16
(If you are signing on behalf of the owner(s), a letter of authorization must accompany this application)
Address to send permit: Nate Johnson, P.O. Box 96 Iron River, WI 54847
Copy of Tax Statement Attach
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road <i>Co Hwy A</i>	550+ Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	500+ Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	30 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	400+ Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line <i>Co Hwy A</i>	1700 Feet	20% Slope Area on property	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Setback from the East Lot Line		Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	140 Feet	Setback to Well	160 Feet
Setback to Drain Field	609 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 389506	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: 16-0381		Permit Date: 10-01-16			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Case #: _____		Case #: ATD			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: Site not staked 10-11-16		Zoning District: (F-1)			
nearest monument + pipeline marked + bldg staked 10-19-16		Lakes Classification: (NA)			
Date of Inspection: 10-11-16 + 10-19-16		Inspected by: CAROL BORG MUEPFG			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Re-Inspection: _____			
Building shall not be used to human habitation + shall not have indoor plumbing & fixtures w/ connection to centralized water.					
Signature of Inspector: _____					Date of Approval: 10-21-16
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	